# STATE OF SOUTH DAKOTA
# Statement of Legal Newspaper Ownership and Circulation

| 1. TITLE OF NEWSPAPER | STICKNEY ARGUS | 2. DATE 9/27/2024 |
|---|---|---|
| 3. FREQUENCY OF ISSUE<br>WEEKLY | 3A. NO. OF ISSUES PUBLISHED ANNUALLY<br>50 | 3B. ANNUAL SUBSCRIPTION PRICE $ $43/ $53 |

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO BOX 98 STICKNEY, SD 57375

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
PO BOX 215 WHITE LAKE, SD 57383

6. FULL NAME OF PUBLISHER: BARB BECKER - STANDARD PUBLISHING, INC.

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

| FULL NAME | COMPLETE MAILING ADDRESS |
|---|---|
| BARB BECKER/TROY BECKER | PO BOX 98 STICKNEY, SD 57375 |

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
NONE

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|---|---|---|
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) | 284 | 290 |
| B. PAID AND/OR REQUESTED CIRCULATION<br>1. Sales through dealers and carriers, street vendors, and counter sales. | 28 | 35 |
| 2. Mail Subscription (Paid and or requested) | 203 | 238 |
| 3. Paid Electronic Copies | 0 | 0 |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.) | 231 | 273 |
| D. FREE DISTRIBUTION<br>1. BY MAIL, CARRIER OR OTHER MEANS | 0 | 5 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 0 | 5 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 231 | 283 |
| F. COPIES NOT DISTRIBUTED<br>1. Office use, left over, unaccounted, spoiled after printing | 53 | 7 |
| 2. Return from News Agents | 0 | 0 |
| G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.) | 284 | 290 |

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**
**I swear that the statements made by me are true, correct, and complete:**

Barb Becker (Signature)

Owner-Publisher (Title)

State of South Dakota )
§
County of Aurora )

(Seal)

KARA KRUMVIEDA
NOTARY PUBLIC SOUTH DAKOTA

Sworn to before me this 27 day of Sept., 20 24

Kara Krumvieda
Notary Public

My commission expires: 6-21-30

Form: SOS REC 051 9/2016